

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

3975 Fair Ridge Dr.

Suite 400 North

☐ Check if different than previously reported. (ACC)

FAIRFAX

VA

22033

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00408435

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Doug Huynh

Signature of Treasurer

Doug Huynh

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		83137.57
(b) Cash on Hand at Beginning of Reporting Period.....	64018.25	
(c) Total Receipts (from Line 19)	6108.20	12590.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	70126.45	95727.72
7. Total Disbursements (from Line 31)	35093.01	60694.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35033.44	35033.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
04 01 2015

To:

M M / D D / Y Y Y Y Y Y
06 30 2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2500.00

6000.00

(ii) Unitemized

3586.00

4036.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

6086.00

10036.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

6086.00

10036.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

22.20

54.15

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►**

6108.20

12590.15

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

6108.20

12590.15

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	93.01	194.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	93.01	194.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	60500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35093.01	60694.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35093.01	60694.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6086.00	10036.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6086.00	10036.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	93.01	194.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	93.01	194.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lawrence John Briggs

Mailing Address 9 Thicket Lane

City

W Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Ce

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : SA11AI.9112

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Cumming

Mailing Address 1 Veterns Dr.

City

Minneapolis

State

MN

Zip Code

55417

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : SA11AI.9081

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Anthony Hein

Mailing Address 25 Camden Place

City

Corpus Christi

State

TX

Zip Code

78412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology&Imaging of South Tex

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : SA11AI.9084

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Eric Hyson

Mailing Address 1067 Wolf Hill Road

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Waterbury Hospital

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	5

Transaction ID : SA11AI.9115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James Newcomb

Mailing Address 1425 Princeton Ct.

City

Allentown

State

PA

Zip Code

18104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lehigh Valley Hospital

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Transaction ID : SA11AI.9113

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Randon L Opp

Mailing Address 700 Ironwood Drive Suite 110

City

Coeur D Alene

State

ID

Zip Code

83814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kootenai Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	5

Transaction ID : SA11AI.9100

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dmitri E. Samoilov

Mailing Address 4544 Columbus St Apt 1233

City State Zip Code
 Virginia Beach VA 23462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Radiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11AI.9111

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard Saxon

Mailing Address 4002 Vista Way

City State Zip Code
 Oceanside CA 92056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-City Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2015

Transaction ID : SA11AI.9093

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Manish Varma

Mailing Address 1 Jarrett-White Rd.

City State Zip Code
 Tripler Army Cente HI 96859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tripler Army Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.9151

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Transaction ID : SB23.9156

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

RENEE JACISIN ELLMERSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

B. SENSIBLE AMERICAN SOLUTIONS SUPPORTING EVERYONE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Mailing Address 332 W LEE HWY
303

City	State	Zip Code
WARRENTON	VA	20186

Transaction ID : SB23.9177

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

SASSE, BENJAMIN ECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District: 00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Mailing Address P.O. BOX 24551

City	State	Zip Code
PITTSBURGH	PA	15234

Transaction ID : SB23.9168

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

TIM MURPHYCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

Mailing Address P.O. Box 5458
PO BOX 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name

JOHN M SHIMKUSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 19

Category/
Type**Transaction ID : SB23.9155**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. WHITFIELD FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement

Candidate Name

ED WHITFIELDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Category/
Type**Transaction ID : SB23.9152**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

35000.00
